

**CLIENT COMPLAINT**

ATTORNEY NAME: \_\_\_\_\_

ATTORNEY ADDRESS (If known): \_\_\_\_\_

ATTORNEY PHONE (If known): \_\_\_\_\_

CLIENT NAME: \_\_\_\_\_

CLIENT ADDRESS: \_\_\_\_\_

CLIENT PHONE: \_\_\_\_\_

BEST TIME TO REACH YOU: \_\_\_\_\_

IF COMPLAINANT IS NOT CLIENT, PLEASE EXPLAIN RELATIONSHIP TO

CLIENT: \_\_\_\_\_

COURT: \_\_\_\_\_ NEXT COURT DATE: \_\_\_\_\_

PURPOSE OF NEXT COURT DATE: \_\_\_\_\_

SUMMARY OF COMPLAINT: \_\_\_\_\_

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**Mail to:**  
**Committee for Public Counsel Services**  
**Children and Family Law Program**  
**Andrew Cohen, Staff Attorney**  
**44 Bromfield Street**  
**Boston, MA 02108**